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PTC/SB/01 (3-97) \*

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DECLARATION FOR  
UTILITY OR DESIGN  
PATENT APPLICATION

☒ Declaration Submitted with Initial Filing      OR      ☐ Declaration Submitted after Initial Filing

Attorney Docket Number 4148.4

First Named Inventor **Kenneth F. Bailey et al.**

**COMPLETE IF KNOWN**

Application Number

Filing Date \_\_\_\_\_ Concurrently Herewith \_\_\_\_\_

### Group Art Unit

**Examiner Name**

As a below named inventor, I hereby declare that

My residence, post office address, and citizenship are as stated below next to my name

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

## Chip Diffuser

{Title of the Invention}

(the specification of which

☒ is attached hereto  
OR

☐ was filed on (MM/DD/YYYY)  as United States Application Number or PCT International

Application Number [ ] and was amended on (MM/DD/YYYY) [ ] (if applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations

I hereby claim foreign priority benefits under Title 35, United States Code §119 (a)-(d) or § 365(b) of any foreign application(s) for patent or inventor's certificate, or §305 (a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country		Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy YES	Attached? NO
				<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto

I hereby claim the benefit under Title 35, United States Code § 11 9(e) of any United States provisional application(s) listed below.

**Application Number(s)**

Filing Date (MM/DD/YYYY)

60/269,091

February 15, 2001

☐ Additional provisional application numbers are listed on a supplemental priority data sheet RYO /GB/02B attached hereto

(Page 1 of 2)

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer Patent and Trademark Office, Washington, DC 20231. **DO NOT SEND FEES OR COMPLETED FORMS TO THIS OFFICE.**

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DECLARATION — Utility or Design Patent Application										
I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s), or §365(c) of any PCT International application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.										
U.S. Parent Application Number		PCT Parent Number		Parent Filing Date (MM/DD/YYYY)		Parent Patent Number (if applicable)				
<input type="checkbox"/> Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.										
As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: <input checked="" type="checkbox"/> Customer Number <b>021176</b> <input type="checkbox"/> OR <input type="checkbox"/> Registered practitioner(s) name/registration number listed below										
Name		Registration Number		Name		Registration Number				
<input type="checkbox"/> Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.										
Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number or Bar Code Label <b>21176</b> <input type="checkbox"/> OR <input type="checkbox"/> Correspondence address below										
Name										
Address										
Address										
City		State		ZIP						
Country		Telephone		Fax						
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.										
Name of Sole or First Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor								
Given Name (first and middle if any)				Family Name or Surname						
Kenneth Fred				BAILEY						
Inventor's Signature		<i>Kenneth Fred Bailey</i>					Date		07/11/02	
Residence: City		Apex		State		NC		Country		US
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Post Office Address										
City		Apex		State		NC		ZIP		27502-3750
								Country		US

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Please type a plus sign (+) inside this box ☐

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# DECLARATION

## ADDITIONAL INVENTOR(S) Supplemental Sheet

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Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Ira D.				BLY			
Inventor's Signature		<i>Ira D Bly</i>		Date		2/12/02	
Residence: City		Ola		State		AR	
				Country		US	
Post Office Address		Route 1, Box 500					
Post Office Address							
City		Ola		State		AR	
				ZIP		72853	
				Country		US	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Inventor's Signature				Date			
Residence: City				State			
				Country			
Post Office Address							
Post Office Address							
City				State			
				ZIP			
				Country			
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Inventor's Signature				Date			
Residence: City				State			
				Country			
Post Office Address							
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